


FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER	
			FWA000190-2	D
LABEL ITEMS			GENERAL INSTRUCTIONS	
II. POLLUTANT CHARACTERISTICS			<p>A preprinted label has been provided, affix it to the designated space. Review the information carefully; if any of it is incorrect, cross it out and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the right of the label space lists the information that should appear), please provide it in the appropriate fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
III. FACILITY NAME				
IV. FACILITY MAILING ADDRESS				
V. FACILITY LOCATION				
VI. FACILITY LOCATION				

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	SKIP Leavenworth National Fish Hatchery

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 Malsam, Ralph Hatchery Manager	509 548 7641

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3 Rt. 1 Box 123A	
B. CITY OR TOWN	
4 Leavenworth	
C. STATE	D. ZIP CODE
WA	98826

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 Rt. 1 Box 123A	
B. COUNTY NAME	
Chelan	
C. CITY OR TOWN	
6 Leavenworth	
D. STATE	E. ZIP CODE
WA	98826
F. COUNTY CODE (if known)	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
C	7	0	9	2	1	(specify)					C	7	(specify)								
15	16	-	19	Fish rearing pond effluent																	
C. THIRD										D. FOURTH											
C	7	(specify)								C	7	(specify)									
15	16	-	19																		

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?																			
C	8	U	S	.	F	i	s	h	&	W	i	l	d	l	i	f	e	S	e	r	v	i	c	e	D	e	p	t	.	o	f	I	n	t	e	r	i	o	r	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																																																
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)																								
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										F (specify)					A 5 0 9 5 4 8 7 6 4 1																								
																				55					15 16 - 18 19 - 21 22 - 23																								
E. STREET OR P.O. BOX																																																	
P. O. Box 3737																																																	
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND																			
B Portland																				O R					9 7 2 0 8					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
																				40 41 42 47 - 51					52																								

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																	
C	9	N	W	A	0	0	0	1	9	0	-	2	(specify)			C	9	P	(specify)													
15	16	17	18	30											15	16	17	18	30													
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																	
C	9	U	(specify)												C	9	(specify)															
15	16	17	18	30											15	16	17	18	30													
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																	
C	9	R	(specify)												C	9	(specify)															
15	16	17	18	30											15	16	17	18	30													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Fish rearing - approximately 150,000 lbs. annual production.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Ralph P. Malsam, Hatchery Manager															* Ralph P. Malsam															11-12-80									

COMMENTS FOR OFFICIAL USE ONLY

C																														
C																														
15	16																													

See the instructions on the reverse.
Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

WA - 000 - 190 - 2

Form Approved OMB No. 158-R0174

FORM
2B
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES
Consolidated Permits Program

I. GENERAL INFORMATION

A. TYPE OF BUSINESS

- ☐ 1. CONCENTRATED ANIMAL FEEDING OPERATION (complete Items B, C, and Section III)
☒ 2. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY (complete Items B, C, and Section III)

B. LEGAL DESCRIPTION OF FACILITY LOCATION

Section 26, Range 17E, Township 24N

C. FACILITY OPERATION STATUS

- ☒ 1. EXISTING FACILITY
☐ 2. PROPOSED FACILITY

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE & NUMBER OF ANIMALS IN OPEN CONFINEMENT & HOUSED UNDER ROOF

1. TYPE

2. NO. IN OPEN CONFINEMENT

3. NO. HOUSED UNDER ROOF

B. NO. OF ACRES FOR CONFINEMENT FEEDING

C. If there is open confinement, has a runoff diversion and control system been constructed?

☐ YES (complete Items 1, 2, & 3 below)

☐ NO (go to Section IV)

1. What is the design basis for the control system?

☐ a. 10 YEAR, 24-HOUR STORM (specify inches)

INCHES

☐ b. 25 YEAR, 24-HOUR STORM (specify inches)

INCHES

☐ c. OTHER (specify inches & type)

INCHES

TYPE

2. Report the number of acres of contributing drainage

ACRES

3. Report the design safety factor.

SAFETY FACTOR

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS

A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long term average flow.

B. Indicate the total number of ponds, raceways, and similar structures in your facility.

1. OUTFALL NO.	2. FLOW (cubic feet per day)		
	a. MAXIMUM DAILY	b. MAXIMUM 30 DAY	c. LONG TERM AVERAGE
1	34.64 MGD	1,039 MG	19 MGD

1. PONDS	2. RACEWAYS	3. OTHER
--	90	--
C. Provide the name of the receiving water and the source of water used by your facility.		
1. RECEIVING WATER	2. WATER SOURCE	
Icicle Creek	Icicle Creek & 7 wells	

D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.

1. COLD WATER SPECIES

2. WARM WATER SPECIES

a. SPECIES	b. HARVESTABLE WEIGHT (pounds)		3. SPECIES	d. HARVESTABLE WEIGHT (pounds)	
	(1) TOTAL YEARLY	(2) MAXIMUM		(1) TOTAL YEARLY	(2) MAXIMUM
Spring Chinook Salmon	125,000	175,000			
Steelhead Trout	10,000	10,000			

E. Report the total pounds of food fed during the calendar month of maximum feeding.

1. MONTH

August

2. POUNDS OF FOOD
38,000

IV. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (print or type)

Ralph P. Malsam, Hatchery Manager

B. PHONE NO. (area code & no.)

(509) 548-7641

C. SIGNATURE

X Ralph P. Malsam

D. DATE SIGNED

11-12-80

INSTRUCTIONS

General

This form must be completed by all applicants who check "yes" to Item II-B in Form 1. Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size and occurrence of discharge. See the description of these statutory and regulatory exclusions in the General Instructions which accompany Form 1. In particular, for animal feeding operations, the size cutoffs depend on whether or not pollutants are discharged through a manmade device or by direct contact with the facility or animals. A facility for laying hens or broilers is not required to have a permit unless it has a liquid manure handling system or continuous overflow watering. Also, facilities which discharge only in the case of a 25 year, 24 hour storm event are not required to have a permit.

For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (*for cold water species*). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (*for warm water fish*) are not required to have a permit.

Refer to the Form 1 instructions to determine where to file this form.

Item I-A

See the note above and the General Instructions which accompany Form 1 to be sure that your facility is "concentrated."

Item I-B

If your answer to Item VI of Form 1 does not give a complete legal description of your facility's location, use this space to provide a complete description, such as quarter, section, township, and range.

Item I-C

Check "proposed" if your facility is not now in operation, or not now "concentrated" under the definition in the glossary found in the General Instructions which accompany Form 1.

Item II

Supply all information in Item II if you checked (1) in Item I-A.

Item II-A

Give the maximum number of each type of animal in open confinement or housed under roof (*either partially or totally*) which are held at your facility for a total of 45 days or more in any 12 month period.

Use the following categories for type of animals:

Slaughter Cattle; Feeder Cattle; Mature Dairy Cattle (*milked or dry*); Swine (*each weighing over 55 pounds*); Horses; Sheep; Lambs; Turkeys; Laying Hens¹; Broilers¹; Ducks.

¹ A permit is not required unless the facility has a liquid manure handling system or continuous overflow watering.

Item II-B

Give only the area used for the animal confinement or feeding facility. Do not include any area used for growing or operating feed.

Item II-C

Check "yes" if any system for collection of runoff has been constructed. Supply the information under (1), (2), and (3) to the best of your knowledge.

Item III

Supply all information in Item III if you checked (2) in Item I-A.

Item III-A

Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30 day flow is the average of measured daily flows over the calendar month of highest flow. The long term average flow is the average of measured daily flows over a calendar year.

Item III-B

Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.

Item III-C

Use names for the receiving water and source of water which correspond to the map submitted in Item XI of Form 1.

Item III-D

The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society, "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.

Item III-E

The value given for maximum monthly pounds of food should be representative of your normal operation.

Item IV

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, . . . shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

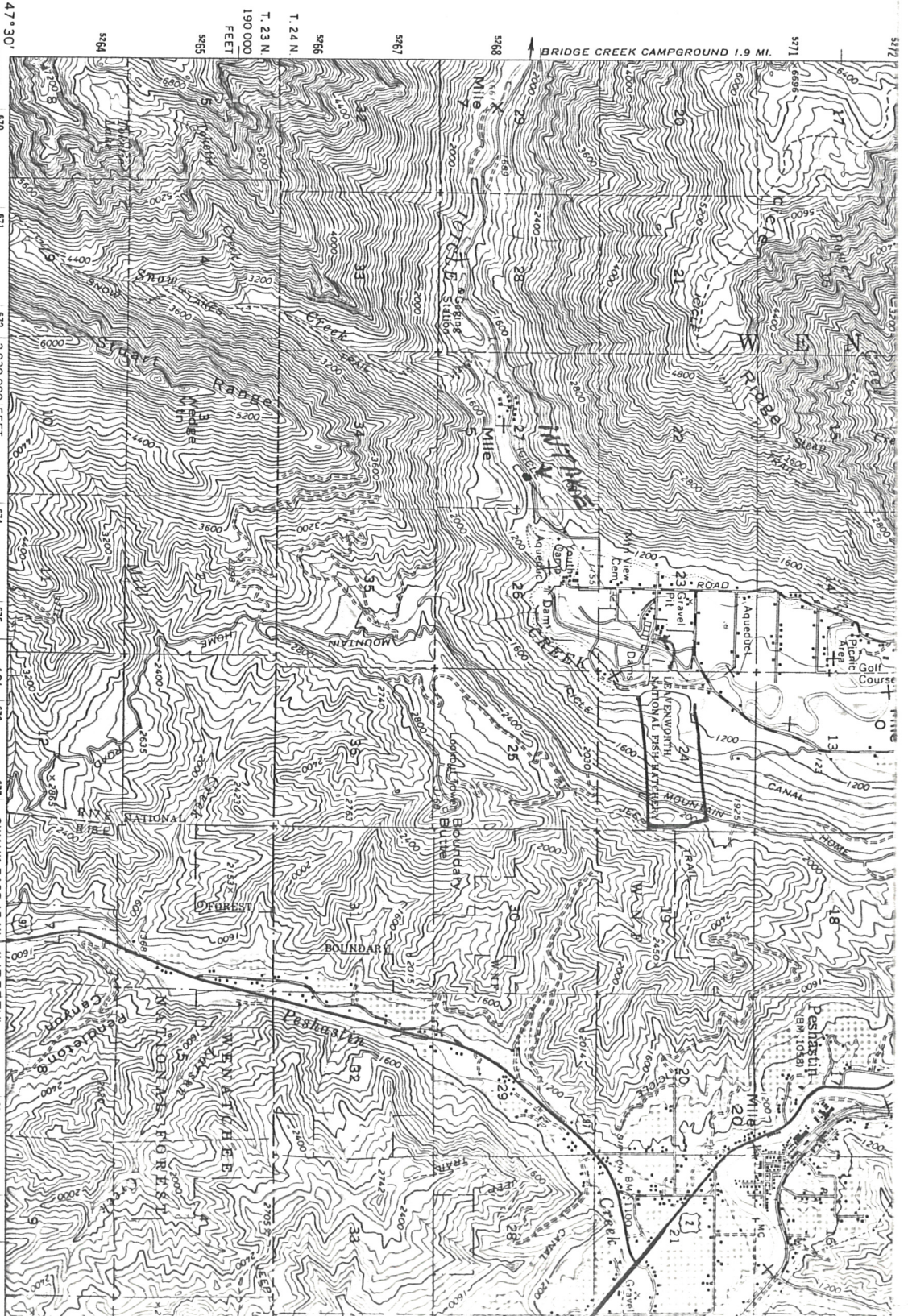
Federal regulations require the certification to be signed as follows:

- A. For corporation, by a principal executive officer of at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.



Settling Lagoon - receives discharge only during pond cleaning.

No. 1 discharge - carries pond waste water at all times except during pond cleaning.



MT STUART
1878 N

47°30' 120°45' 970 971 972 1203000 FEET

571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

Bridge Creek Campground 1.9 MI.

571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

Control by USGS and USCA&GS

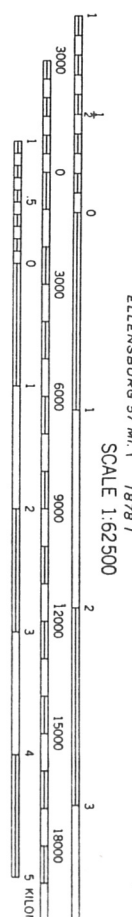
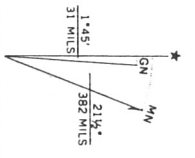
Topography by photogrammetric methods from aerial photographs taken 1963. Field checked 1964

Polconic projection. 1927 North American datum

10,000-foot grid based on Washington coordinate system, north zone

1000-meter Universal Transverse Mercator grid ticks, zone 10, shown in blue

UTM GRID AND 1964 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET



CONTOUR INTERVAL 80 FEET

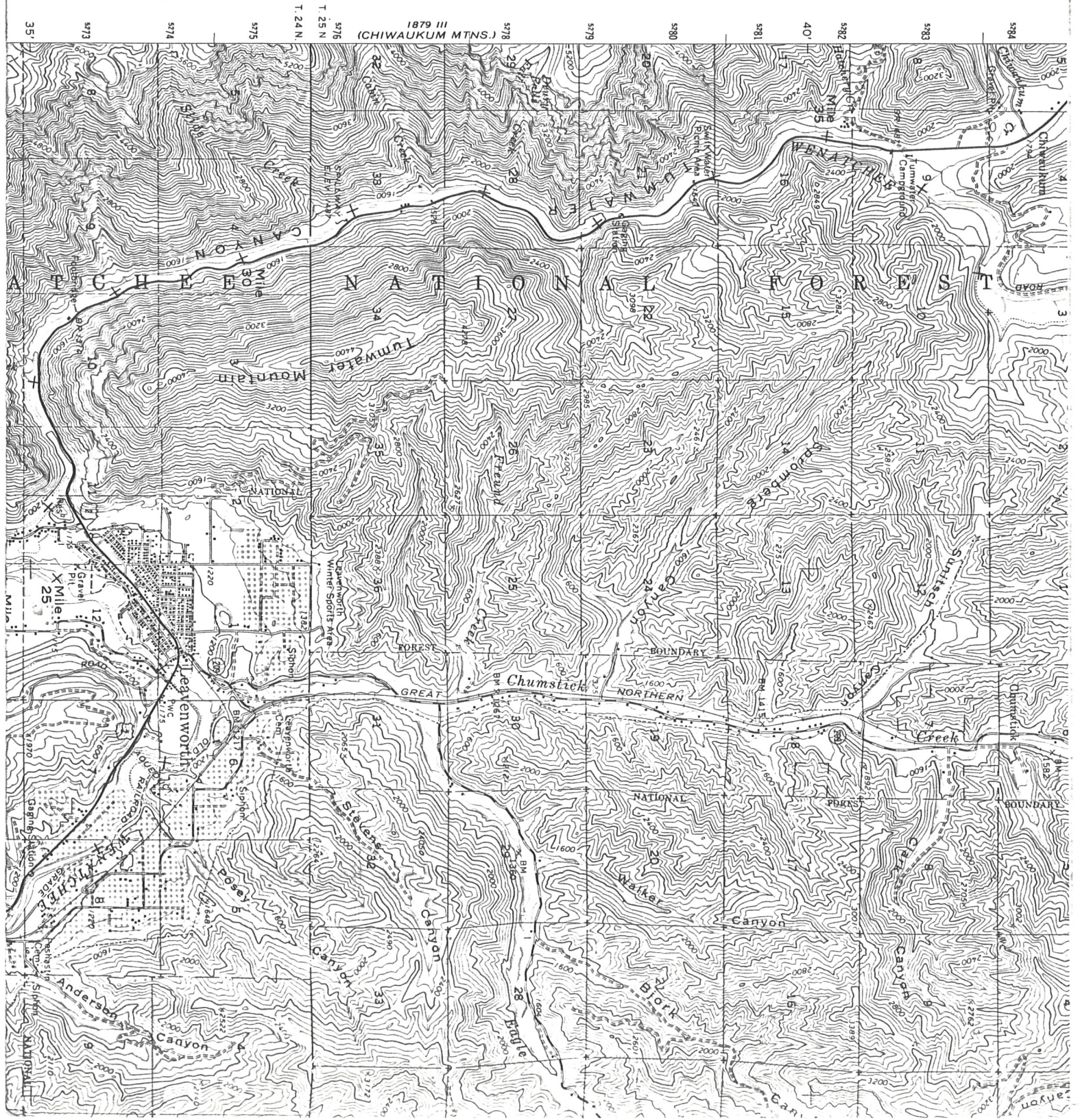
DOTTED LINES REPRESENT 40-FOOT CONTOURS

DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS

FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225 OR WASHINGTON, D. C.

A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



1879 III (CHIWAUKUM MTNS.)

T. 24 N
T. 25 N
576
575

574

573

35